

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD
Schedule for Form PTO-575

App. No. **03/395501**

CLAIMS AS FILED - PART I					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE	RATE	FEE		
BASIC FEE (37 CFR 1.161(f))				\$						
TOTAL CLAIMS (37 CFR 1.162)	claim 20 =		\$							
INDEPENDENT CLAIMS (37 CFR 1.162)	claim 3 =		\$							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.162)										
* If the difference in column 1 is less than one, enter "0" in column 2.					TOTAL		OR	TOTAL		

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE			
12/27/05	202	37	37	\$		\$				
	Total (37 CFR 1.162)			\$	25	\$	50			
	Independent (37 CFR 1.162)			\$	100	\$	300			
	First Presentation of Multiple Dependent Claim (37 CFR 1.162)			\$	180	\$	360			
	TOTAL ADD'L FEE									

AMENDMENT B					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE			
4/07/06				\$		\$				
	Total (37 CFR 1.162)			\$	25	\$	50			
	Independent (37 CFR 1.162)			\$	100	\$	100			
	First Presentation of Multiple Dependent Claim (37 CFR 1.162)			\$	180	\$	360			
	TOTAL ADD'L FEE									

AMENDMENT C					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE			
7/3/06				\$		\$				
	Total (37 CFR 1.162)			\$	25	\$	50			
	Independent (37 CFR 1.162)			\$	100	\$	100			
	First Presentation of Multiple Dependent Claim (37 CFR 1.162)			\$	180	\$	360			
	TOTAL ADD'L FEE									

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
 * If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
 * If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number listed in the appropriate box in column 1.

If you need assistance in completing this form, call 1-800-PTO-5190 and select option 2.